

GIS Service Center

Information Technology Services Department
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Customer Request Form

REQUESTOR NAME	CITY AGENCY OR ORGANIZATION	DATE
<input type="checkbox"/> STUDENT <input type="checkbox"/> LETTER OF APPROVAL FROM STUDENT'S INSTRUCTOR <input type="checkbox"/> CITY GOVERNMENT EMPLOYEE <input type="checkbox"/> PRIVATE SECTOR EMPLOYEE	PHONE	FAX
	E-MAIL ADDRESS	

Description of Request

<input type="checkbox"/>	Boundary / District Map (e.g., election district boundaries)	Quantity	Size	Sample #	Cost
	DESCRIPTION				
<input type="checkbox"/>	Thematic Map (e.g., city-owned properties color-coded by property value)	Quantity	Size	Sample #	Cost
	DESCRIPTION				
<input type="checkbox"/>	Data (electronic files)	DESCRIPTION			Cost
<input type="checkbox"/>	Technical Support (hardware/ network/software assistance)	DESCRIPTION			Cost
<input type="checkbox"/>	Consulting Services (e.g. RFP development)	DESCRIPTION			Cost
<input type="checkbox"/>	System Integration (programming, customization, interfaces)	DESCRIPTION			Cost
<input type="checkbox"/>	Other:				Cost
	Purpose of Requested Item(s):				Total Cost
	REQUESTED COMPLETION DATE	CITY AGENCY COST CENTER	REQUESTOR SIGNATURE		
	ESTIMATED COMPLETION DATE	GIS REFERENCE NUMBER	GIS CENTER REPRESENTATIVE SIGNATURE		

☐ ADDITIONAL PAGES ARE ATTACHED